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CLAIMS ALLOWED Print Fig. **Total Claims** Print Claim for O.G. NOTICE OF ALLOWANCE MAILED (date) (Assistant Examiner) (Date) seen disclaimed. The term of this patent shall not extend beyond the expiration date ISSUE FEE of U.S Patent. No. _ **Amount Due Date Paid** The terminal ____months of this patent have been disclaimed. (Primary Examiner) (Date) **FINAL SPRE REVIEW ISSUE BATCH NUMBER** (INITIALS) (Legal Instruments Examiner) (Date) WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.

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